## South Carolina DEPARTMENT OF HEALTH AND HUMAN SERVICES Post Office Box 8206

Columbia, South Carolina 29202-8206

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## MEDICAID BULLETIN

OMP MHRC

TO: Rehabilitative Behavioral Health Service Providers (RBHS) and

**Licensed Independent Practitioners (LIPs)** 

**SUBJECT: Changed/Added Procedure Codes** 

The Centers for Medicare and Medicaid Services (CMS) revises the nomenclature within the HCPCS/CPT each quarter. When a HCPCS/CPT code is deleted, the SC Medicaid program will discontinue coverage of the deleted code and new procedure codes for behavioral health services may be added. The SC Medicaid program will not accept billing of discontinued codes for dates of service on the date on which the code is discontinued.

Effective with dates of services **on or after January 1, 2013**, the South Carolina Department of Health and Human Services (SCDHHS), in accordance with the Current Procedural Terminology (CPT), codes with new descriptions and units of measure have changed.

Code 90801 has been deleted and replaced by 2 different codes representing different assessment functions. Procedure Code 90791 is used for diagnostic evaluation of a client without the medical component. Procedure Code 90792 is used for diagnostic evaluation with the medical component. The following codes apply to RBHS providers only.

2012 Codes	Description	Unit	Modifiers	2013	Description	Unit	Modifiers	Rates
		Frequency		Codes		Frequency		
90801	Psychiatric	1	AF	90791	Psychiatric	1	AH-Clinical Psych.	\$81.80
This code	Diagnostic	Encounter	HP	50.52	Diagnostic	Encounter	HO-Master's level	\$81.80
splits into 2	Assessment	-	AM		Assessment	-		
separate	with Medical	per every	SA		without	per every 6		
codes on	Evaluation	6 months			Medical	months		
Jan. 1, 2013					Evaluation			
				90792	Psychiatric	1	AF-Physician	\$445.60
					Diagnostic	Encounter	AM-Phys. Assist	\$221.82
					Assessment	-	SA-Nurse Pract.	\$201.74
					with Medical	per every 6		
					Evaluation	months		

**Effective January 1, 2013**, the 90804 unit code has been deleted and replaced by 3 separate encounter codes depending on the time spent face to face with the beneficiary in the session. One encounter is equal to 1 unit per date of service.

Procedure Codes **90832**, **90834** and **90837** are to be used for individual psychotherapy by physicians or other qualified professionals as defined in the RBHS Policy Manual or Licensed Independent Practitioner's Rehabilitative Services Manual.

2012 Codes	Description	Unit	Modifiers	2013	Description	Unit	Modifiers	Rates
		Frequency		Codes		Frequency		
90804	Individual	30 minutes	AF	90832	Individual	1	AF-Physician	\$104.94
This code	Psychotherapy	-	AM		Psychotherapy	Encounter	AM-Phys. Assist	\$53.74
splits into 3	20 - 30 min	6 per day	AH		30 min	-	AH-Clinical Psych	\$54.43
separate			SA			per day	SA-Nurse Pract.	\$50.25
codes on			но				HO-Master's Level	\$37.30
Jan. 1, 2013				90834	Individual	1	AF-Physician	\$209.88
					Psychotherapy	Encounter	AM-Phys. Assist	\$107.48
					45 min	-	AH-Clinical Psych	\$108.86
						per day	SA-Nurse Pract.	\$100.50
							HO-Master's Level	\$74.60
				90837	Individual	1	AF-Physician	\$314.82
					Psychotherapy	Encounter	AM-Phys. Assist	\$161.22
					60 min or more	-	AH-Clinical Psych	\$163.29
						per day	SA-Nurse Pract.	\$150.75
							HO-Master's Level	\$111.90

These 3 codes have separate session times for each encounter.

- 90832 20-30 minute encounter
- 90834 45-50 minute encounter
- 90837 60 minute or more encounter

Reimbursements for each encounter type are based on actual face to face contact with the beneficiary. Appointments that are scheduled for 30 minutes that involve actual face to face encounter time for 20-25 minutes should be billed as a 90832. Appointments scheduled for 60 minutes that involve actual face to face encounter time of 45-50 minutes should be billed as 90834. Appointments that involved face to face encounter time beyond 60 minutes should be billed as 90837. Psychotherapy of less than 16 minutes is not a billable service. Please note that for clinical service note completion, documentation of the encounter must include start and end times.

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Effective with dates of service **on or after February 1, 2013**, SCDHHS will change the following procedure codes from units to encounters as listed below.

2012 Codes	Description	Unit Frequency	Modifiers	2013 Codes	Description	Unit Frequency	Modifiers	Rates
90846	Family Psychotherapy (without Patient present)	30 minutes - 6 per day	AF HP AM AH SA HO	90846	Family Psychotherapy (without Patient present)	1 Encounter - per day	HP-Physician AH-Clinical Psych HO-Master's Level	\$301.17 \$156.18 \$107.04
90847	Family Psychotherapy (with Patient present)	30 minutes - 6 per day	AF HP AM AH SA HO	90847	Family Psychotherapy (with Patient present)	1 Encounter – per day	HP-Physician AH-Clinical Psych HO-Master's Level	\$301.17 \$156.18 \$107.04
90853	Group Psychotherapy	30 minutes - 6 per day	AF HP AM AH SA HO	90853	Group Psychotherapy	1 Encounter - per day	AH-Clinical Psych HO-Master's Level	\$24.30 \$16.65
99366	Service Plan Development/ Team Conference w/Patient/Family	30 minutes - 6 per day	AF HP AM AH SA HO	99366	Service Plan Development/ Team Conference w/Patient/Family	1 Encounter - per day	No Modifier	\$39.54
99367	Service Plan Development/ Team Conference without Patient/Family	30 minutes - 6 per day	AF HP AM AH SA HO	99367	Service Plan Development/ Team Conference without Patient/Family	1 Encounter – per day	No Modifier	\$39.54

If you should have questions regarding program policy, please contact Behavioral Health at 803-898-2565. Questions about claims resolution may be directed to the Provider Service Center (PSC) at 1-888-289-0709. Thank you for your continued support of the South Carolina Medicaid Program.

/s/ Anthony E. Keck Director

**Note:** To receive Medicaid bulletins, please send an email to <u>bulletin@scdhhs.gov</u> with your email address and contact information

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